

INTERPRETER CLAIM FOR COMPENSATION AND EXPENSES

Language: _____ Interpreter's Name: _____

Business Name: _____

Address: _____

Social Security Number/Tax I.D. Number: _____

Case Docket Number: (1) _____ (2) _____
(3) _____ (4) _____

Style (title) of Case:

(1) United States of America v. _____

(2) United States of America v. _____

(3) United States of America v. _____

(4) United States of America v. _____

Type of Proceeding: _____

Type of Service: Interpreting Translation Other (specify): _____

<u>Date</u>	<u>Hours</u>	<u>Name of Judge/Magistrate/Office For Whom Service Performed</u>	<u>Signature of Courtroom Deputy Clerk</u>
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Rate of Payment:

\$ _____ per 1/2 day @ _____ days \$ _____

\$ _____ per full day @ _____ days \$ _____

Mileage: @ 44½ ¢ per mile (for travel in excess of 30 miles one-way) \$ _____

Parking @ _____ per day or \$ _____ \$ _____

Travel Hours Round Trip _____

Total Expenses Claimed (if applicable): \$ _____
(If authorized expenses such as travel per diem are claimed, itemize on attached sheet)

Total Compensation Claimed: \$ _____

CERTIFICATION: I hereby certify that no other claims for compensation and/or expenses have been filed, nor has payment been received from any other government source or agency for the services or time represented in this claim.

Signature of Interpreter